

Minneapolis Employment and Training *Train-to-Career*

Individualized Service Strategy (ISS)

The purpose of this form is to summarize information in the participant's file and *is to be completed by the case manager*

| | | | |
|---|--|---|--------------|
| PROGRAM PARTICIPANT NAME | | | |
| WF1 ID #: | | Social Security Number Verified Per Policy: YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CAREER/ OCCUPATIONAL GOAL | | | |
| LMI Information from OID tool | | | |
| Prior Education and/or Training: | | | |
| Summarize Prior Work Experience: | | | |
| Summary of Skills (<i>summarize any of the participant's skills, background, strengths, and life situations, which would support the goal listed above</i>): | | | |
| Barriers to Achieving Career Goals: (<i>What is holding the program participant back from achieving their Career Goals? Why are they seeking services?</i>): | | | |
| What is the action plan for overcoming the identified barriers? | | | |
| Career/Occupational Goal OBJECTIVES | | | |
| CAREER EXPLORATION PACKET DUE DATE: | | | |
| Academic Assessment Results: | Name of Academic Assessment Given: Math Grade Level: Reading Grade Level: | | |
| Career Interest Assessment Results | Name of Career Interest Assessment Given: Results: | | |
| Training Information | Is the training institution licensed, registered, or exempt by the Minnesota Office of Higher Education (MOHE)? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| | What credential is offered by the training institution that will help the participant achieve her/his Career/Occupational Goal? | | |
| <p>I have read the information above and will work with my Case Manager in taking the steps needed to reach my goal. I also understand that the above information may be shared with other Minneapolis Employment and Training service providers and staff in the event that it would help me to reach my goal.</p> | | | |
| Participant's Signature | Today's Date | GCDF Signature | Today's Date |